

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599835

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9		1				
10	2					
11	2					
12	1					
13	1					
14	1					
15	1					
16	1					
17		1				
18			1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	18	←	16	←		
TOTAL CLAIMS	20		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	←
TOTAL CLAIMS						